

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

PLACE OF BIRTH:

County Gila State ARIZONA

City _____ No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child HAVERLY { If child is not yet named, make supplemental report, as directed.

Sex M Male { If plural births } 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____ 8. Date of birth Aug. 8, 1887 193
5. Number, in order of birth _____ Full term _____ (Month, day, year)

Full name FATHER W. C. Haverly 18. Full maiden name MOTHER

Residence (usual place of abode) _____ 19. Residence (usual place of abode) _____
(If nonresident, give place and State) _____ (If nonresident, give place and State) _____

Color or race _____ 20. Color or race _____ 21. Age at last birthday _____ (years)

Birthplace (city or place and State or country): _____ 22. Birthplace (city or place and State or country): _____

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

Number of children of this mother _____ (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
(At time of this birth and including this child)

If stillborn, _____ { months } 29. Cause of stillbirth _____ { Before labor _____
period of gestation _____ { or weeks } _____ { During labor _____

report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born alive or stillborn)

(Signed) G. P. Stark M. D.

or _____, Midwife

Address _____

File 8-31-1887, 193 _____ Registrar.

FORM 6 TOM 6-25-33 MS 48640

088-878-000